

DEATH CLAIM FORM JOINT OR DUAL LIFE



Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at www.irishlife.ie or you can ask us for a copy.

The plan owner/trustee/assignee will fill this in.

Please return this form and other documents to -

Protection Claims Team, Irish Life Assurance plc, Lower Abbey Street, Dublin 1, Ireland.

If you have any queries regarding the claims process, please refer to the 'Death claims - a guide to claiming under a life assurance plan booklet'. A copy is also available on our website www.irishlife.ie.

We need relevant personal health information to assess this claim. We may need to contact you if we need to clarify any information or ask you for further information. We may also need to get relevant personal health information in connection with this claim from GPs, consultants, hospitals or other health professionals. We may use the health information obtained at this claim for any subsequent claims to Irish Life.

If you have any questions about filling in this form, please contact our Customer Service team on 01 704 1010 or email protection@irishlife.ie

Our lines are open:

8am - 8pm Monday to Thursday

10am - 6pm Friday

9am - 1pm Saturday

In the interest of customer service we will record and monitor calls.

To process this claim we also need the following:

- Certified copy of the Death Certificate which notes the medical cause of death
- Original deed of assignment if the plan is being used as security for a loan or mortgage
- A copy of a valid photographic **and** address identification (e.g. passport or driving licence **and** a utility bill) of the person claiming.
- Note: We do not require photographic and address identification where the plan is assigned and the claim is payable
 to a financial institution.

Please use CAPITAL LETTERS throughout

A certified copy is a copy of the original document which has been stamped

institution or Garda station

as a true copy by your solicitor, any bank, financial

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Life Covered			
	(Name of the person who has died	i)	
Date of Death	dd/mm/yyyy		
Plan Numbers			
THE PERSON CLAIM	ING MUST FILL THIS IN		
I am legally entitled to o	laim the amount you will pay under thi	s plan as I am the:	
Plan owner	2nd life assured trustee	assignee	(please tick the relevant box)

ILA 6926 (REV 05-18)

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	information Irish Life hold from applications and all personal and health information received for any claim.																									
Please sign and date	> Claimant Signature																									
	Date dd/mm/yyyyy																									
	Authorisation I authorise Irish Life to re professionals who attended	equest ar																		ospi	itals	or	oth	er l	heal	th
	> Signature(s)	X																								
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	If you require the cheque to be made payable to your solicitor's client account, please provide us with the payee details (full name and address)																									
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	> Signature of Claimant	X																								
Please sign and date	Date	dc	/	m	m /	у	у	у	у																	
	We can only fully proces	We can only fully process claims when we receive all documents we need. By sending you this form we are not admitting																								
	Please use this space to provide any more information that you think may help us to process this claim faster or to outline any specific instructions you would like us to note.																									
	Thank you																									

I declare that all answers given by me in this statement are, to the best of my knowledge and belief, true and complete. I understand and agree that the claim with Irish Life Assurance plc (Irish Life) will be based on all personal and health



Declaration